**DUPLICATE ORIGINAL**

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Dennis Floyd

(In the space above enter the full name(s) of the plaintiff(s).)

*Amended
Complaint*

COMPLAINT

*under the
Civil Rights Act, 42 USC, 1983*

Jury Trial: ☒ Yes ☐ No
(check one)

10 CV 7794 (SAK) (THK)

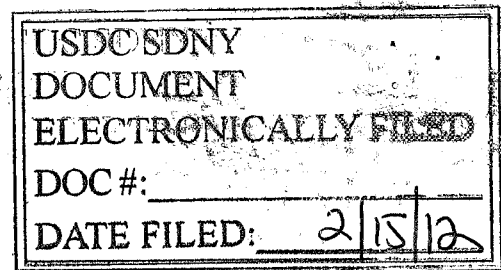
-against-
Warden Bailey

C.O. Caldwell

C.O. Bees

Capt. Singletary

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

**I. Parties in this complaint:**

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Dennis Floyd 10A2834
Street Address State Route 96, P.O. Box 115
County, City Seneca, Romulus
State & Zip Code New York 14541
Telephone Number _____

- B. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

*Application to file amended Complaint
is granted.*

ORIGINAL

Defendant No. 1 Name Warden Bailey
 Street Address 75-20 Astoria Blvd
 County, City Bronx, East Elmhurst
 State & Zip Code New York 11370
 Telephone Number _____

Defendant No. 2 Name C.O. Cory Caldwell (shield No. 17029)
 Street Address 11-11 Hazen St.
 County, City Bronx County, East Elmhurst
 State & Zip Code New York 11370
 Telephone Number _____

Defendant No. 3 Name C.O. Brian Rees (shield No. 17045)
 Street Address 11-11 Hazen St.
 County, City Bronx County, East Elmhurst
 State & Zip Code New York 11370
 Telephone Number _____

Defendant No. 4 Name Captain Rosney Singletary (shield No. 1004)
 Street Address 11-11 Hazen St.
 County, City Bronx County, East Elmhurst
 State & Zip Code New York 11370
 Telephone Number _____

II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

A. What is the basis for federal court jurisdiction? (check all that apply)

☒ Federal Questions

☐ Diversity of Citizenship

B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? 4th, 5th and 14th Amendment Rights

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship _____

Defendant(s) state(s) of citizenship _____

III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? On Bikers Island in C-74
in 2 upper North Day Room

B. What date and approximate time did the events giving rise to your claim(s) occur? April 20, 2010 at or about 9 A.M

C. Facts: 1) On or About April 20, 2010 at around 9 A.M. and incident occurred in 2
upper North in C-74 on Bikers Island. A Response team was called and warden
Bailey showed up with the other defendants and others (Co Caldwell) was already there
Capt Singletary ordered C.O. Bees strip search all inmates in the dayroom. Bees
complied and ordered me to strip in front of multiple inmates and C.O.s
2) When I refused to strip in front of everyone, Bailey ordered C.O.
Bees to teach me a lesson. Bees immediately and without provocation
or warning punched me in my face, knocking me to the ground.
While I was on the ground Caldwell, Bees, and C.O. Henry Doe
proceeded kick me
3) After all this I was refused medical attention for
6 days.

What
happened
to you?

Who did
what?

Was anyone
else
involved?

Who else
saw what
happened?

IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

A bruised eye and sore ribs.

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation. Wherefore, plaintiff respectfully prays that this court enter judgement granting plaintiff a declaration that the acts and emissions described herein violated plaintiff's rights under the constitution and laws of the United States.

Compensatory damages in the amount of \$50,000.00 against each defendant, jointly and severally

Punitive damages in the amount of \$100,000.00 against each defendant

A Jury trial on all issues triable by Jury

Plaintiff's costs in this suit

Any additional relief court deems just proper and equitable

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 6 day of February, 2012.

Signature of Plaintiff

[Signature]

Mailing Address

Five Points C.F.

State Route 96, P.O. Box 119

Romulus, New York 14541

Telephone Number

Fax Number (if you have one)

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

I declare under penalty of perjury that on this 10 day of Feb., 2012, I am delivering this complaint to prison authorities to be mailed to the Pro Se Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

[Signature]

Inmate Number

10A2834



UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

MEMORANDUM

Pro Se Office

To: The Honorable John G. Koeltl
From: S. Hodges, Pro Se Clerk, x0177
Date: 2/13/12
Re: Floyd v. Warden Bailey, No. 10 Civ. 7794 (SK)

SCANNED

The attached document, which was received by this Office on 2/13/12, has been submitted to the Court for filing. The document is deficient as indicated below. Instead of forwarding the document to the docketing unit, I am forwarding it to you for your consideration. See Fed. R. Civ. P. 5(d)(2)(B), (4). Please return this memorandum with the attached papers to this Office, indicating at the bottom what action should be taken.

- () No original signature.
() No affirmation of service/proof of service.
() The request is in the form of a letter.

(X) Other: Plaintiff need permission to file his
amended complaint.

(X) ACCEPT FOR FILING

() RETURN TO PRO SE LITIGANT

Comments:
14 J. Plaintiff's request to
file an amended compl.

[Signature]
United States District Judge

United States Magistrate Judge

Dated: 3/5/12